

## HOWARD COMMUNITY COLLEGE SPRING 2019 Registration

Social Security Number (last 4 digits)

X	X	X		X	X				
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Last Name

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First Name

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Student's Home Address (Check here if new address ☐)

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Number and Street

City

State

Zip code

**What is your race? Select one or more of the following categories:**

County	Date of Birth	Gender	Are you of Hispanic or Latino origin? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		M F	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> I am over 16 years of age.			<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
To see a list of ethnic origin category definitions, please visit <a href="http://www.howardcc.edu/categorydefinitions">http://www.howardcc.edu/categorydefinitions</a>				

E-Mail Address

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Home Phone or Cell Phone

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area code

Business Phone

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area code

**SPRING 2019**

**9:00 a.m. - 1:30 p.m.**

<input checked="" type="checkbox"/>	Date	Title and Location		Tuition	Syn.	Course	Section
✓	03/12/19	TB Skin Test Training	Gateway, Ecker Business Training Ctr.	\$70	#4693	XH 570	S7733
	04/24/19	TB Skin Test Training	Gateway, Ecker Business Training Ctr.	\$70	#4694	XH 570	S7734

**MUST BE SIGNED AND DATED TO BE OFFICIAL.** I certify the above information to be true and correct. I understand that it is my responsibility to notify the Records Office of any changes in the information contained in this registration. I authorize the release of attendance records and registration information to the **Maryland Department of Health**, or to credentialing agencies for CEUs, when applicable.

**NOTE: This course offering is for .4 CEUs, Howard Community College Continuing Education Units.**  
**100% Attendance and completion of an evaluation form is required to receive a *Certificate of Successful Completion*.**

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Fax-in:** Fax your registration form and  
and credit card information to:

**443-518-4332**

**Attn: Diane Johnston**

**Mail-in:** Send registration form and check to:

Howard Community College

10901 Little Patuxent Parkway

Columbia, MD 21044-3197 Attn: Lock Box Cashier, RCF 203

***Please include student's address and phone number on check.***

**FOR FAX-IN (circle one credit card):**

VISA/ MasterCard/ Discover/ American Express: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_